DRC INTEGRATED HIV/AIDS PROJECT

PROJET INTEGRE DE VIH/SIDA AU CONGO (PROVIC)
YEAR 5 QUARTERLY REPORT, QUARTER 1

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USAID
FROM THE AMERICAN PEOPLE

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral medication
C2C	child-to-child
C-Change	Communication for Change
CHW	community health worker
CQI	Collaborative Quality Improvement
CS	Centre de Santé
CSR	Centre de Santé de Référence
DBS	dried blood spot
DRC	Democratic Republic of Congo
EAGLE	Empowering Adolescent Girls to Lead through Education
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	early infant diagnosis
EMMP	Environmental Mitigation and Monitoring Plan
EPSP	Primary, Secondary and Vocational Education
FANTA	Food and Nutrition Technical Assistance III Project
FOG	fixed obligation grant
FOSA	Formation de Santé
FY	Fiscal Year
GBV	gender-based violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	highly active antiretroviral therapy
HTC	HIV testing and counseling
HIV	human immunodeficiency virus
HSS	health system strengthening
IR	Intermediate Result
M&E	monitoring and evaluation
MARP	most-at-risk population
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
MSM	men who have sex with men
NACS	nutrition assessment, counseling, and support
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PCR	polymerase chain reaction
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHDP	positive health, dignity, and prevention
PITC	provider-initiated testing and counseling
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission of HIV
PNLS	Programme National de Lutte contre le SIDA (National HIV/AIDS Program)
PNMLS	Programme Nationale Multi-Sectorielle de Lutte contre le SIDA
ProVIC	Projet Intégré de VIH/SIDA au Congo (Integrated HIV/AIDS Project)
PSSP	Progrès Santé Sans Prix (Progress and Health Without a Price)
Q1	Quarter 1

QA/QI	quality assurance/quality improvement
RDQA	routine data quality assurance
SGBV	sexual and gender-based violence
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic pyruvate transaminase
STI	sexually transmitted infection
TB	tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
VCT	voluntary HIV counseling and testing
VSLA	voluntary savings and loan association
WHO	World Health Organization
WP	World Production

EXECUTIVE SUMMARY

After a successful Fiscal year (FY) 2013, which began with the major technical shift of the US President's Emergency Plan for AIDS Relief "Strategic Pivot" and concluded with ProVIC achieving and even exceeding most annual targets, much of ProVIC's routine work continued well into Quarter 1 (Q1) of FY14. At the same time, results for Q1 are lower than expected in some areas due to significant challenges that have either been recently overcome or will be overcome by the time of ProVIC's semiannual report. Challenges—both contractual and with data quality—that have affected data collection and analysis for this first quarter are primarily related to scaling up to 104 health facilities and integration of additional technical shifts associated with the Strategic Pivot.

October 1 through December 31, 2013 was a challenging period for ProVIC due to delayed programmatic and contractual approvals for the changes associated with the Strategic Pivot. A principal remaining challenge is the delay in approval of the revised ProVIC contractual statement of work and realigned budget. These two key documents, reflective of the US Agency for International Development's (USAID) Strategic Pivot priorities, were submitted to USAID/Democratic Republic of Congo in August 2013 and July 2013 respectively and are still pending USAID approval.

There were delays associated with the finalization of contracts with local nongovernmental organizations and private hospitals, which occurred later than anticipated due to delays in USAID approval (received in late November), delaying finalization of their contracts. Many new health facility partners struggled in the start-up phase to correctly meet strict financial reporting requirements. Furthermore, with the pending budget approval and with ProVIC moving toward project closeout, it has been a challenge to support so many new sites simultaneously.

Contractual delays were compounded by many new health facility partners submitting poor-quality data that could not be fully verified. ProVIC will work with new health facilities to verify these data and include the data in the semiannual report. We fully expect to have all grantees on board and reporting against targets in time for the ProVIC semiannual report.

The factors above contributed to a situation whereby PATH's data in this report are incomplete, with roughly 65% of expected data collected, the greatest shortfall coming from new hospital partners and grantees. As a result of the incomplete data, the analysis in this Q1 monitoring report is limited.

Nevertheless, even with data collection challenges, ProVIC is able to report that it met 35% of its HIV testing and counseling target and 42% of its prevention of mother-to-child transmission of HIV target for the quarter. ProVIC's pivot towards health facility services and provision of quality care is exemplified by the fact that 97% of HTC services were provided at a health facility and there is also an increase in the screening of infants exposed to HIV through our collaborative improvement approaches.

QUARTER 1 PROGRESS BY TECHNICAL COMPONENT

Intermediate Result 1: HIV counseling and testing and prevention services improved in target areas

Sub-IR 1.1: Communities' ability to develop and implement prevention strategies strengthened

Activities and achievements

Activity 1: Reinforce and expand access to prevention services for key populations and other vulnerable groups

During Quarter 1 (Q1) of Year 5, the ProVIC team targeted key populations and other vulnerable groups by providing technical support to MSM (men who have sex with men) in champion communities in Kinshasa, Province Orientale, and Katanga, reinforcing access to HIV/AIDS and sexually transmitted infection (STI) prevention services according to US President's Emergency Plan for AIDS Relief (PEPFAR) directives and Programme National de Lutte contre le SIDA (PNLS) norms. These prevention services include activities to create awareness of HIV/AIDS and prevent transmission, such as educational sessions, focus groups, door-to-door visits, and distribution of condoms and lubricant. In line with PEPFAR directives, ProVIC has focused on delivering prevention messages through interpersonal communication by peer educators, integrating STI testing and support into HIV prevention, and targeting integrated prevention services to key populations, youth, and other vulnerable groups. ProVIC's STI and HIV prevention educational sessions focus on the following aspects of prevention:

- General information about HIV/AIDS, including transmission and prevention methods.
- Risky sexual behaviors and risks of anal sex.
- Correct and regular use of condoms.
- Importance of voluntary HIV counseling and testing (VCT).
- Risks associated with multiple sexual partners and commercial sex.
- Delayed sexual debut (age).
- STI testing and treatment.
- The link between STIs and HIV.

These sessions also serve as an opportunity to distribute male and female condoms and lubricant to participants. The following table shows the quantity of condoms and lubricant distributed over the course of Year 5 Q1.

Table 1. Number of condoms and lubricants distributed, Q1.

Prevention method	Q1 quantity
Lubricated female condom	49,038
Lubricated male condom	30,960
Lubricant	2,000

To monitor the progress and success of these prevention activities, ProVIC worked with grantee partner organizations, peer educators, health care providers, Health Zone teams, and community members to complete supervisory site visits. During these site visits, ProVIC

emphasized collaboration between project-supported sites and key population groups within the communities. ProVIC initiated this collaboration by linking peer educator sessions with HIV testing in the health structures, therefore enabling peer educators to connect seropositive key population members to health structures, promoting the continuum of care.

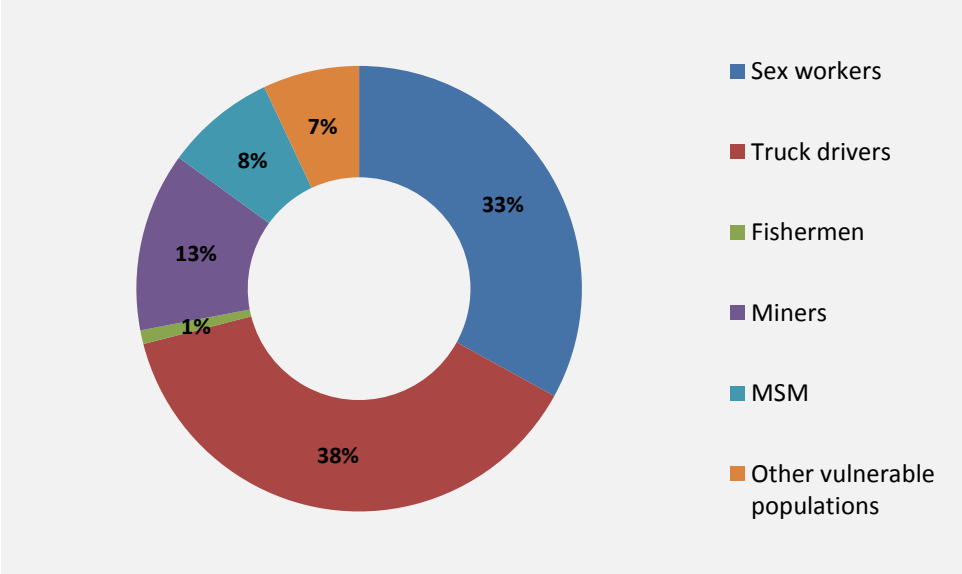
Over the course of the first quarter, and within the context of the programmatic and contractual obstacles described above, ProVIC emphasized providing prevention services to key populations, particularly MSM and sex workers, who often have limited access to health care and public services as a result of stigmatization and discrimination by clinics, health care providers, and religious organizations.

A total of 1,232 individuals from key populations have been reported to have participated in educational sessions organized by peer educators. Table 2 and Figure 1 illustrate the breakdown of key populations reached. It should be noted, however, that ProVIC has not received technical reports from its main partner working with key populations, Progrès Santé Sans Prix (PSSP), due to the contractual challenges of the quarter.

Table 2. Number of key populations reached with prevention messages in Q1.

Population	Q1 total
Sex workers	404
Trucker drivers	474
Fishermen	10
Miners	161
MSM	99
Other vulnerable populations	84
Total	1,232

Figure 1. Percentage of key populations reached with prevention messages, based on data received.



Once ProVIC reaches key populations with prevention messaging and other prevention services, the project directs these groups to appropriate testing or support services and ensures they have the information they need regarding available services to seek follow-up.

As described under Sub-IR 1.2, ProVIC refers all clients who test positive to care and support services.

Activity 2: Mobilize communities around ProVIC-supported health facilities with high prevalence rates to increase demand for and use of services, as well as involvement of male partners

ProVIC performed HIV and gender-based violence (GBV) prevention and family planning outreach in the 22 project-supported champion communities during Q1, placing an emphasis on access to prevention, care, and support services offered within the communities, outreach to pregnant women and youth of reproductive age, and the importance of male partner involvement to ensure the success of the prevention of mother-to-child transmission of HIV (PMTCT) activities. This prevention outreach included educational sessions and discussions, door-to-door visits, interpersonal communication led by peer educators, and distribution of condoms during sessions.

In Q1, ProVIC reached 12,947 individuals with prevention messages: 8,780 members of the general population, 1,232 key populations, and 2,935 youth reached with, specifically, abstinence/be faithful messaging.

To encourage male involvement in the PMTCT activities, ProVIC reached out to pregnant women and their partners with messages highlighting the benefits of participation in pre- and postnatal consultations and childbirth, and emphasizing that male partners are able to benefit from the same testing and care and support services as their female partners. ProVIC also targeted men in the prevention of domestic violence, MSM outreach, and integration of men through peer education and awareness outreach by community agents.

To improve effective delivery of prevention messages going forward, ProVIC collaborated with PNLS and US Agency for International Development (USAID) partner Communication for Change (C-Change) to update the communications materials used by peer educators and community agents for prevention outreach within the PMTCT context. ProVIC and C-Change updated messages and adapted images in the demonstration toolkits and flashcards to be in line with current terminology and locally relevant services and situations, incorporating messages related to Option B+, multiple sexual partners and HIV, GBV, alcohol consumption and HIV, self-help groups, and child-to-child (C2C) clubs, for example. At this stage, ProVIC has provided PNLS with the final version of these updated communications materials and has worked with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and ICAP to test the new toolkits.

Activity 3: Improve youth access to HIV prevention services through peer education in and around ProVIC-supported health facilities with high HIV prevalence rates

ProVIC's peer educators, community agents, and C2C groups have organized educational outreach sessions at the Champion Community level, reaching 2,935 youth with abstinence/be faithful and prevention messaging in Q1. In addition, in Year 5, ProVIC is focusing on reinforcing HIV and STI prevention awareness among youth and adolescents while they are still in school. To create a foundation for achieving this objective, in Q1, ProVIC involved teachers in educating youth and adolescents about HIV/AIDS.

During the first quarter, ProVIC's community mobilization team worked with Caritas and the Democratic Republic of Congo (DRC) Ministry of Primary, Secondary, and Professional

Education to hold a briefing session with 36 teachers from 12 schools in Kinshasa. This session improved the teachers' competencies and knowledge in HIV and STI prevention education and GBV, as well as reproductive health and development of life skills.

In order to promote coordination among ProVIC's youth-centered HIV/AIDS and GBV prevention activities, the project worked with USAID's EAGLE (Empowering Adolescent Girls to Lead through Education) project to determine a proposed network of project-supported schools and care and support sites. The project anticipates that linking schools and health sites through this initiative will facilitate support for victims of GBV as well as opportunities for capacity-building among teachers. ProVIC and EAGLE launched the preliminary phase of this network by identifying participating schools and sites and proposing a structure. ProVIC will continue to work with EAGLE in Q2 of Year 5 to more fully develop this network.

Activity 4: Implement an exit strategy for ProVIC's 22 champion communities

ProVIC has planned this activity for the second quarter of Year 5 and will be able to report on the status in Q2, once grantees have started to implement activities related to the exit strategy.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Delay in financing of grantees, delaying implementation of community-based prevention activities and reporting of results by deadline.	Revisit the process for financing and approval of grants and fixed obligation grants (FOGs) with USAID to better accommodate grantee needs.
Ensuring continuum of care for MSM, who often do not seek follow-up treatment as a result of discrimination.	Operationalize PSSP's MSM-friendly framework for HIV care and support, and reinforce monitoring and oversight in other care sites. This site is part of FOGs approved by USAID in November 2013.

Sub-IR 1.2: Community- and facility-based HIV testing and counseling services enhanced

Activities and achievements

Activity 1: Provide high-quality HIV testing and counseling services to priority beneficiaries

To ensure that the project continues to offer high-quality HIV testing and counseling (HTC) services, ProVIC regularly meets with PEPFAR implementing partners and conducts supervisory visits in laboratories to assess needs in the field and reinforce cooperation between laboratories. In Q1, ProVIC's Prevention Specialist held discussions with ICAP, EGPAF, and FHI 360 in Lubumbashi to improve provision of follow-up services to the clients who test HIV positive. These meetings allowed the different partners to ensure that the activities they carry out in their zone of intervention are integrated. The partners also shared best practices, successes, and needs and opportunities for collaboration. ProVIC's Prevention Specialist also met with the PNLS Katanga provincial laboratory to discuss difficulties faced by the laboratories in the province.

The Prevention Specialist assessed several laboratories in Katanga, with the main goal of exploring opportunities for collaboration between laboratories. The main take-away of the meetings with the PEPFAR implementing partners and PNLS and the supervisory visits were:

- Most laboratories lack basic equipment like spectrophometers and automatic hematologic analyzers and supplies. They also do not have FASCount machines for CD4 count analysis.
- The long distances between the different laboratories make collaboration and resource-sharing difficult. PNLS needs further support to conduct regular supervision to ensure the quality of laboratory test results.
- To remedy this issue, laboratories in ProVIC and other PEPFAR implementing partner zones of intervention rely heavily on the PNLS provincial laboratory, which is well equipped, but challenging to access for those sites outside of Lubumbashi.

The same consultation mission and supervisory visits have been conducted in Kinshasa, where the main findings were that, generally, laboratories are better equipped, except for sites in rural parts of the province.

Some specific sub-activities include:

Offer HTC/PITC (provider-initiated testing and counseling) to pregnant women (antenatal and postnatal care, labor and delivery) and screening to patients who visit clinical sites (key populations and tuberculosis [TB], STI, and malnourished patients) and other tests for biological monitoring. In Q1, ProVIC provided high-quality HTC services to priority patients and tested a total of 14,097 clients (HTC and PITC), who received their results and achieved 35% of the annual target or 70% of the semiannual target; 705 or 5% of the patients tested were HIV positive. Through other entry points (TB patients, malnourished children, STI clients, and hospital patients), ProVIC offered HTC services to 3,616 people; 446 or 12.3% tested positive and were referred to appropriate services.

The table below shows that Katanga and Province Orientale tested the highest number of clients. They are the provinces with the highest number of sites.

Table 3. Number of clients who received HTC services in each province, by setting, as reported.

Setting	Bas-Congo	Katanga	Kinshasa	Province Orientale	Total
Clinical setting	1,518	6,460	2,759	2,835	13,572
Mobile setting	0	525	0	0	525

Table 4 highlights the rate of HIV seropositivity for each type of HTC service.

Table 4. Rate of HIV seropositivity by type of HTC.

Type of HTC service	Percentage rate of HIV seropositivity
Clinical setting	5%
Mobile setting	6.3%

ProVIC found that the rate of HIV seropositivity was higher in mobile testing, which is explained by the fact that it is specifically organized for key populations, but the incomplete

data make this analysis equally incomplete. The rate of seropositivity within the clinical setting varied considerably depending on the point of entry. The rate of seropositivity for PMTCT clients was 2.3%, compared to 12.35% for other points of entry (TB patients, malnourished children, STI clients, and hospital patients).

Ensure the ongoing supply of commodities (laboratory tests for HIV, injection safety equipment, and waste management supervision). To ensure that ProVIC-supported health facilities and HTC mobile sites had sufficient supplies and biomedical waste management supervision, ProVIC's technical teams conducted supervisory visits to each Formation de Santé (FOSA). All 104 FOSAs and implementing partners received the laboratory supplies they requested and needed.

Katanga Province was provided with 18 electrical centrifuges for blood samples and other biological tests. The Kasumbalesa Centre de Santé de Référence (CSR) was provided with an electric hematocrit centrifuge. PNLS experience a shortage of kits for early infant diagnosis (EID), so ProVIC provided EID kits to health facilities to avoid shortages.

ProVIC also continued to provide support for biomedical waste management.

Organize mobile HTC, targeted toward key populations. ProVIC's partners, World Production (WP) in Katanga and PSSP in Kinshasa, have been able to improve their targeting of key populations thanks to increased collaboration with ProVIC's peer educators and key population focal points, but their reporting for this quarter is incomplete.

In Katanga, WP tested a total of 525 clients and 33 or 6.3% were found be HIV positive and were referred to partner health structures. In Katanga, WP rolled out the "hotel to hotel" approach, which consists of working in collaboration with MSM and sex workers to get in contact with hotel owners and convince them to open their doors to peer educators to meet with and counsel MSM and sex workers offering services in their hotels. With this approach, the peer educators are able to create a relationship with the sex workers and MSM, and to align the mobile HTC calendar with periods of greater sexual activity at hotels.

Provide quality assurance for integrated VCT. ProVIC uses dried blood spot (DBS) and dried tube specimen (DTS) technology to guarantee the quality of test results by ensuring that results are reproducible. All 14 sites in Kinshasa have received DBS and DTS testing equipment from the PNLS national laboratory, which is an essential piece of quality assurance. Sites in Lubumbashi received DBS and DTS supplies from the provincial laboratory. The participating laboratories have gotten results of 85% to 100% reproducibility for their blood tests.

Follow up with patients to ensure access to prevention, treatment and care, and support services according to their serostatus. In Q1, ProVIC tested 14,101 clients for HIV and a total of 705 or 4.9% were found to be HIV positive. All 705 individuals received prevention messages regarding adopting low-risk behaviors, proper use of condoms, importance of getting tested for HIV regularly, and the importance of family planning. All 705 were referred to the appropriate facility for medical care.

Activity 2: Support injection safety and biomedical waste management in all health intervention sites

To support intervention sites in injection and biomedical waste management, ProVIC conducted supervisory visits and provided supplies in all 104 structures, as well as to WP- and PSSP-supported mobile HTC.

In Q1, ProVIC provided Kinshasa sites with 206 disposal bins, 150 liters of rubbing alcohol, 259 liters of bleach, and 400 medical waste disposal bags. Please see Q1 environmental monitoring and mitigation activities at the end of this report for more details on biomedical waste management activities this quarter.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Insufficient data collection tools and government protocols for PITC clients who come from non-PMTCT points of entry.	ProVIC worked with PNLS to revise their data collection tools to include PITC. After PNLS disseminates the new tools, ProVIC will be able to better capture data on PITC clients.
Shortage of equipment to provide biological analysis in some sites.	Propose that future USAID funds be dedicated to purchasing automatic hematology analyzers and spectrophotometers and training health service providers on use of the equipment for biological analysis. ProVIC has budgeted hemotology and biochemistry equipment to ensure that each Health Zone is covered, but this is stalled pending USAID approval of the ProVIC realigned budget (submitted in July 2013).

Sub-IR 1.3: PMTCT services improved

During the first quarter of Year 5, ProVIC provided support to 104 sites in four provinces (Kinshasa, Katanga, Bas-Congo, and Orientale). ProVIC continued to be one of the main supporters in DRC of PMTCT services offered according to Ministry of Health (MOH) guidelines and in line with 2014 PEPFAR technical recommendations.

The 2014 Prevention of Mother to Child Transmission (PMTCT) Technical Considerations reflected the major shift in PMTCT programming highlighted in the 2013 World Health Organization (WHO) Consolidated Guidelines: the provision of antiretroviral treatment (ART) to all HIV-positive pregnant and breastfeeding women regardless of CD4 count (Option B+). ProVIC contributed actively by working with the national HIV programs and MOH to support this critical transition.

Table 5. Distribution of ProVIC health facilities in Q1.

Province	Health Zones	Hubs	Spokes	Total health facilities
Kinshasa	5	5	8	13
Katanga	12	12	40	52
Orientale	5	5	16	21
Bas-Congo	5	5	13	18
Total	27	27	77	104

The approach to the traditional four pillars of PMTCT [(i) primary HIV prevention; (ii) family planning; (iii) treatment and prophylaxis during pregnancy and breastfeeding; and (iv) ongoing monitoring, treatment, care, and support for women and their families] has been addressed within the health facilities with a combination prevention strategy that incorporates both HIV and maternal, newborn, and child health (MNCH) across the continuum of services. This approach was undertaken to maximize access to services for HIV-positive pregnant, delivering, postpartum, and breastfeeding women and their families (family-centered approach), and to contribute to the "AIDS-free generation" goal.

Activities and achievements

Activity 1: Complete the package of comprehensive PMTCT services at ProVIC sites

During Year 5 Q1, ProVIC implemented the PEPFAR-recommended PMTCT package (taking into account all four pillars of comprehensive PMTCT) in all 104 of the project-supported health facilities in order to reach the AIDS-free generation goal. This package includes HIV testing for pregnant women and members of their family, the uptake of antiretroviral medications (ARVs) for HIV-positive persons according to the national guidelines, and the provision of essential care and support (family planning, GBV screening, TB screening and referral for TB treatment, STI testing and treatment, nutritional evaluation, and psychosocial support through Mentors Mother or other self-help groups).

USAID's Deputy Assistant Administrator for Africa, Linda Etim, visits Kenya General Hospital in Lubumbashi, November 2013.

In order to continually improve the quality of services offered, a technical focus was placed on each pillar of comprehensive PMTCT. We highlight some of these efforts below:

- **Pillar 1. Primary HIV Prevention.** ProVIC ensured that both HIV-negative and HIV-positive persons benefited from the prevention package for PMTCT (education on consistent and correct condom use and condom negotiation skills, ensuring an adequate supply of condoms and lubricant, and incorporating Prevention with Positives interventions), as well as encouraging the testing of couples. The prevention package contributes to preventing HIV infection of women during pregnancy and breastfeeding, which would lead to a high risk of HIV transmission to their infants and/or to their HIV-negative male partners. After clinical services, all tested clients were linked to community organizations according to their HIV status.

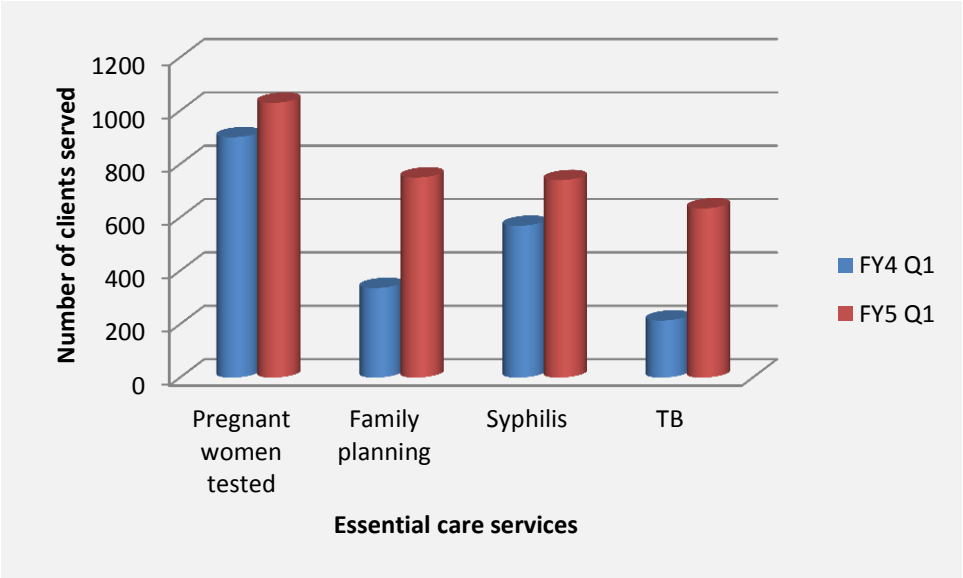
  At the same time, ProVIC actively supported the providers to maximize couples testing. These efforts will continue and be maintained throughout Year 5. The table below presents Q1 data from Kisangani health facilities, marking the improvement achieved in prevention for HIV-negative persons and the monitoring of couples tested. Notably, all HIV-negative persons (100%) received prevention messages.

Table 6. People reached with HIV testing and the PMTCT prevention package at Kisangani sites in Q1.

Indicator	Number reached
Total tested for HIV	1,351
Total tested HIV negative	1,327
HIV-negative who received prevention package	1,327
Total tested couples	499
HIV-positive concordant couples	5 (1%)
Discordant couples	6

- **Pillar 2. Integration of PMTCT and family planning.** Providers used the regular repeat visits for antenatal care and HIV care and treatment services as opportunities to provide women and their male partners with family planning counseling and services according to MOH guidelines. These services include counseling on (1) exclusive breastfeeding over the first six months; (2) the lactational amenorrhea method; and (3) modern contraceptives or provision of safe pregnancy counseling for women living with HIV who wish to have children.
- **Pillar 3. Provision of ART for pregnant, postpartum, and breastfeeding women and infant prophylaxis.** This pillar was strengthened through practices such as (1) pre-packaging of the kit containing ARVs (zidovudine), cotrimoxazole prophylaxis, and condoms, which providers deliver to each woman after she tests HIV positive; (2) adherence counseling, emphasized with the contribution of Mentors Mothers in areas where the Mentor Mother approach is implemented; (3) integration of ART services within maternal and child health clinical sites, with arrangements for ongoing HIV care and treatment in a delivery model that provides high-quality HIV services; (4) encouragement to decentralize the delivery of ART to peripheral health facilities and task-sharing to allow nurses to initiate and maintain ART within the national regulatory framework; and (5) strengthening of linkages between providers and community actors (Mentor Mothers or other peer counselors) to maintain HIV-positive pregnant and breastfeeding women in the ART program to improve retention and adherence and ultimately reduce loss to follow-up.
- **Pillar 4. Essential care for HIV-positive women and children in PMTCT programs.** The efforts made during Year 5 were maintained. In addition to the HIV prevention and family planning interventions described previously, the PMTCT program, supported by ProVIC, integrated the provision of essential care elements, including cotrimoxazole prophylaxis, TB screening and referral for treatment, prevention and treatment of malaria and syphilis, high-quality antenatal care services and delivery, and nutrition assessment, counseling, and support (NACS). Additionally, GBV screening and care were continued in the PMTCT setting. During the first quarter of Fiscal Year (FY) 2014, GBV screening activities and support for survivors/victims of sexual and gender-based violence (SGBV) continued in health facilities with PMTCT (ten in Kinshasa, 17 in Katanga, and 14 in Province Orientale). A total of 8,515 individuals have been screened for GBV in health facilities, including 6,405 pregnant women and 416 male partners. In all, 80 of the 88 individuals who screened positive for GBV received at least one service, namely prophylaxis and treatment of STIs (6), advice and psychosocial support (62), and referral to community psychosocial support (12).

Figure 2. Improvement in essential care services in health facilities implementing Option B+.



TB: tuberculosis.

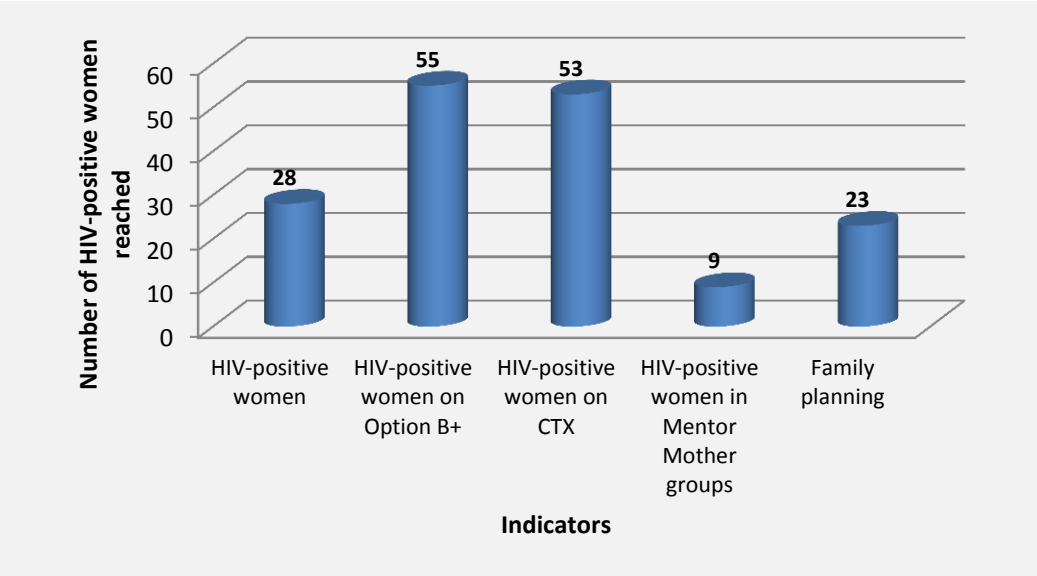
Activity 2: Pilot Option B+ at 17 sites in Lubumbashi

In order to boost the program's results in relation to the objective of zero new infections, the DRC government and PEPFAR have committed to improving care and support provided to HIV-positive patients. The government, in collaboration with its partners, developed a progressive transition plan starting in Katanga Province, where ProVIC has six health facilities targeted to pilot Option B+. These sites are in the Kampemba Health Zone in Lubumbashi.

To support providers to offer and report services correctly, ProVIC, under PNLS leadership and in collaboration with the Health Zone, conducted a mentoring session to improve the awareness of providers concerning the different schemas: uptake of ART for Option B+, follow-up of adherence and retention, and correct use of data collection tools. As requested by the head of the Health Zone, ProVIC conducted this mentorship for all 17 health facilities in Kampemba Health Zone in addition to the six sites supported by ProVIC.

The results for this quarter are depicted in Figure 3 below. The number of HIV-positive women on ARVs is greater than the number of women tested during the period, due to the fact that women who had been on zidovudine were shifted to Option B+ in accordance with WHO recommendations. We also noted the improvement in cotrimoxazole prophylaxis (96%), as well as the acceptance of family planning by HIV-positive women (41%). The Mentor Mother approach began in December 2013, and the number of HIV-positive women in these groups (16%) is already quite promising and could help improve retention and adherence.

Figure 3. Continuum of services in the six Lubumbashi health facilities, Q1.



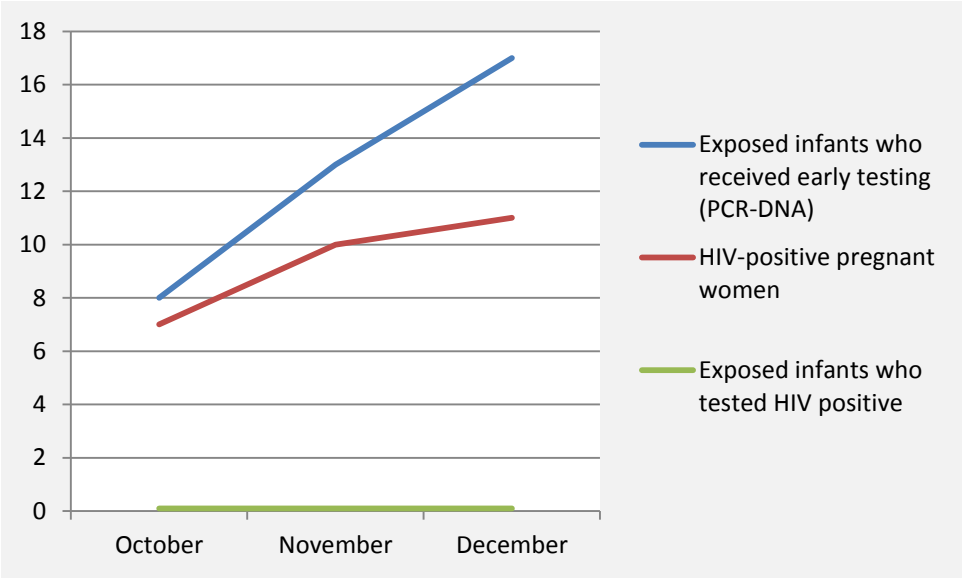
Activity 3: Increase care and services provided to HIV-exposed children and improve their follow-up

During this first quarter of Year 5, ProVIC continued to build the capacity of providers to ensure the quality and transportation of DBS samples from their sites to the national laboratory in Kinshasa. The DRC government has faced stockouts of DBS kits since the end of FY13. To address this challenge, ProVIC purchased kits from local suppliers. ProVIC ensured that exposed infants received ARV prophylaxis according to the national guidelines and that the infants were also tested at six weeks of life and subsequently started on cotrimoxazole prophylaxis. Furthermore, the PMTCT team worked with the OVC (orphans and vulnerable children) care and support team to link exposed infants to OVC services.

These efforts to improve PMTCT and MNCH services integration have greatly contributed to the improvement of infant care, mainly essential newborn care, immunizations, and care for children younger than five years.

In Figure 4 below, we note that the number of exposed infants who received polymerase chain reaction (PCR) testing in the Binza maternity increased progressively as providers retained all exposed infants through phone follow-up and home visits with the support of the Mentors Mothers. In December, all exposed infants expected during the period received early diagnosis, which contributed to a reduction in loss to follow-up. Further, the number of exposed infants who tested positive decreased, which is a good marker on the road to an AIDS-free generation.

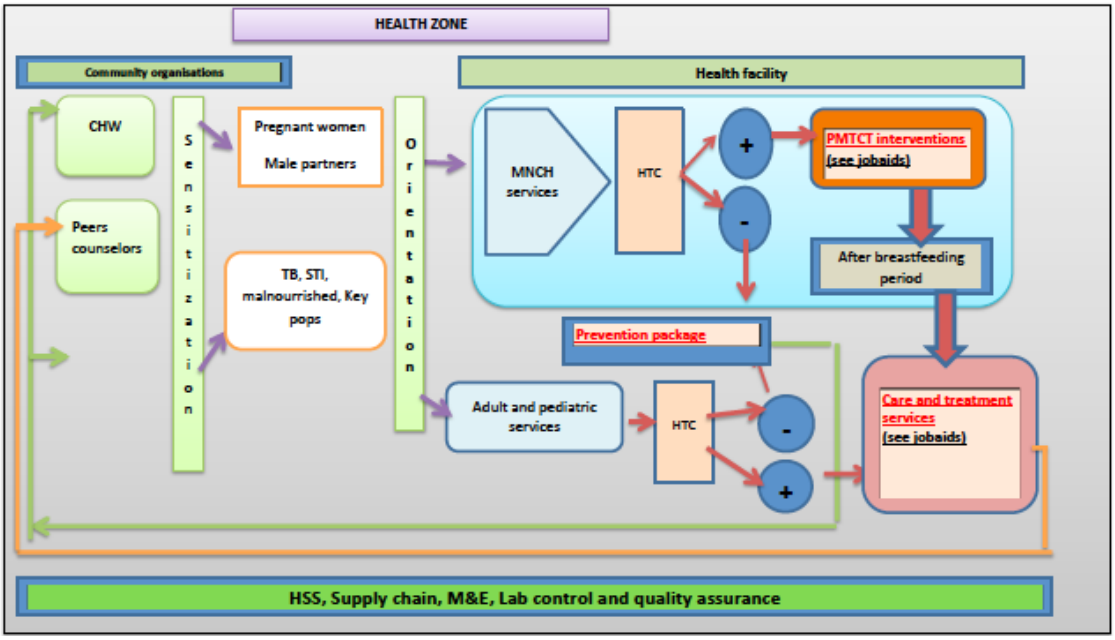
Figure 4. Q1 improvements in exposed infant indicators at Centre de Santé Binza, achieved through the collaborative quality assurance/quality improvement approach.



Activity 4: Strengthen linkages between clinic services (PMTCT care, support, and treatment) and community activities

In collaboration with the MOH and other partners, ProVIC developed an integrated model to reinforce linkages between clinic and community activities and to provide ART to all pregnant and breastfeeding women. This model serves not only to prevent HIV transmission from mother to infant, but if continued for life, also maintains the mother's health, prevents transmission to uninfected partners, and supports prevention of HIV transmission in subsequent pregnancies. The model, depicted in Figure 5, describes the expected way to further integrate MNCH, PMTCT, and ART service delivery with community activities to improve the continuum of response for people living with HIV/AIDS (PLWHA) and to reduce loss to follow-up.

Figure 5. Integrated model to reinforce linkages between clinic and community activities.



CHW: community health worker; HSS: health system strengthening; M&E: monitoring and evaluation; MNCH: maternal, newborn, and child health.

The integrated model to reinforce clinic and community linkages includes the activities undertaken by community actors, such as sensitization (conducted by community health workers or peer counselors), and describes the linkages to clinic activities. Community actors have to orient all individuals for HIV testing at the health facilities. On the other hand, providers receive clients at each entry point, and after conducting PITC, offered the package of services required by each one and subsequently re-linked them to community organizations: HIV-negative people are encouraged to join community-based associations providing prevention messages and packages to raise awareness around HIV risk reduction; HIV-positive persons are encouraged to join the appropriate self-support group (e.g., Mentor Mother). So, the system, or the model, contributes to reduce loss to follow-up and to reinforce the collaboration between community and clinic actors in order to guarantee the continuum of response.

For the pilot, ProVIC selected the Kenya Health Zone in Lubumbashi. The ProVIC team (national and provincial) worked with PNLS and the Health Zone to begin implementation of the model. A multidisciplinary team was set up under the leadership of the Health Zone to monitor the activity monthly and to share reports with PNLS and ProVIC. PNLS and ProVIC will conduct the first evaluation in March 2014.

Working session on the integrated model, under PNLS leadership.

Activity 5: Extend the quality assurance/quality improvement and Mentor Mother approaches in 25 health facilities to improve retention of PLWHA

Collaborative Quality Improvement (CQI) approach: The ProVIC team extended the CQI approach to improve service quality at 20 ProVIC-supported maternities (ten in Katanga, five in Kinshasa, and five in Province Orientale). The methodology is based on University Research Co., LLC's (URC) "Approach for Improving Care," which is considered a best practice by PEPFAR. The continuum of services for PMTCT, care, and ART will be improved in such a way that all providers will be involved in the quality improvement team in order to meet expected outcomes. New facilities used the improvement approach, producing satisfactory outcomes in old sites. The anticipated site visit and technical assistance from URC did not happen, as the ProVIC realigned budget is still awaiting USAID approval.

During the quarter, ProVIC, in addition to the extension of the approach in all Lubumbashi sites implementing Option B+ to ensure the quality of services, invested in developing the document which can be used in the training of providers and coaches on the collaborative quality assurance/quality improvement (QA/QI) approach. The document will be submitted to PNLS for adoption.

Mentor Mother conducting adherence counseling with a discordant couple at CS St. Camille in Kisangani.

Mentor Mother approach: ProVIC ensured the coaching and rollout of activities in the Mentor Mother project and will focus on ensuring the quality of the interventions and the continuum of care for HIV-positive women and their families. The curriculum was extended to 17 sites (nine in Katanga [Lubumbashi and Kasumbalesa], three in Kinshasa, and five in Kisangani). Beyond the extension, ProVIC advocated to the DRC government to integrate the Mentor Mother approach in the minimum package of activities at health facilities during the MNCH Task Force meeting, which included all ministry departments. The approach was much appreciated. ProVIC is now going to work with PNLS and EGPAF/DRC to finalize the national guidance for the Mentor Mother approach and to hold the meeting for its adoption by the DRC government as a national document.

Activity 6: Ensure coaching and mentorship for integrated PMTCT care, support, and treatment services offered through the Health Zones

The continuum of PMTCT care, support, and treatment services is a complex set of interventions that take place at multiple levels of the health care system. It is therefore important to put in place a structure to coordinate all of the activities.

For the quarter, ProVIC developed one integrated tool for the quality monitoring of all activities offered in the ProVIC-supported health facilities. The technical team lead set up all ProVIC technical staff into teams to conduct the quality monitoring in the four provinces. The integrated tool includes all ProVIC technical aspects provided in health facilities and in

communities. The tool helps all components to collect information monthly concerning the implementation of their activity in his charge. The tool also helps the quality monitoring of several health facilities in a time-efficient manner. Thus, the technical team lead is able to plan solutions and orientations to resolve the challenges faced by providers concerning the continuum of response.

Activity 7: Reinforce the capacity of the DRC government at multiple levels to provide comprehensive PMTCT services and treatment

ProVIC continued to participate in quarterly meetings of the national PMTCT working group as well as the MNCH Task Force and the revision of the DRC national HIV/AIDS strategic plan. The PMTCT team has been actively involved in discussions on the enrichment of the national data tools and contributed to the Option B+ and pediatric treatment components.

The ProVIC team continued to contribute to the dissemination of national standards and guidelines on MNCH at ProVIC-supported health facilities. These documents, validated by the MOH, explain the standards for all interventions offered to women and infants at all levels of the health care system. In addition, standards related to adolescent and youth care, family planning, and care for victims of SGBV are also contained in these documents.

Table 7. Partial data for Sub-IR 1.3.

Indicator	Bas-Congo	Katanga	Kinshasa	Province Orientale	Total
P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results) + known positives at entry	728	4,445	2,352	1,450	8,975
Known positives at entry	7	19	14	4	44
Number of positives identified	9	104	25	57	195
Total positives	16	123	39	61	239
Seropositivity	2.2	2.8	1.7	4.2	2.7
Number of HIV pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	5	104	36	27	172
P1.2.D Number of known HIV-positive pregnant women who received ARVs to reduce the risk of maternal-to-child transmission (reported)	7	114	37	28	186
Maternal zidovudine	3	50	20	17	90
ART for HIV-positive women eligible for treatment	4	35	17	11	67
C4.1.D Number of infants who received an HIV test within 12 months of birth within the reporting period	1	26	25	5	57
C4.2.D Number of infants born to HIV-positive pregnant women who were started on cotrimoxazole prophylaxis within two months of birth	1	10	1	1	13

Unanticipated program delays, including ongoing progress orienting new partners on data collection, have proven challenging in this first quarter, leading to data incompleteness. Thus, the PMTCT data collected for this quarter does not truly reflect the reality of the work on the ground and proves challenging for an accurate analysis. While these limited data do not allow us adequate and effective analysis, we do note that at sites reporting data, seropositivity of HIV is 2.7%; 72% of HIV-positive pregnant women have benefited from a CD4 count (sites with Option A); and 78% of HIV-positive pregnant women are on ARVs to reduce the transmission of HIV from mother to child. With the added value of time and continued capacity-building for providers on the collection of data and use of data collection tools, ProVIC will be able to analyze more robust data in time for the semiannual report.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Coordinating activities within the PMTCT/HAART (highly active antiretroviral therapy) component.	- Roll out the integrated supervision tool for all ProVIC health facilities to help in follow-up on the continuum of care package. - Enhance linkages and working meetings between the PMTCT, care and treatment, and support components.

Activities planned for the next quarter for Intermediate Result 1

Sub-IR 1.1 *Communities' ability to develop and implement prevention strategies strengthened*	**Sub-IR 1.2** *Community- and facility-based HTC services enhanced*	**Sub-IR 1.3** *PMTCT services improved*
Implement an exit strategy for ProVIC's 22 champion communities.	Offer PITC to pregnant women and patients who visit clinical sites.	Work session under PNLS leadership toward adoption of the national guidance for implementation of the Mentor Mother approach.
Hold focus groups to raise awareness of HIV prevention and treatment adapted to youth in 30 schools and C2C groups and reinforce life skills with regard to HIV/AIDS prevention; facilitate understanding of risky behaviors with the goals of encouraging sexually responsible behaviors among youth.	Ensure the ongoing supply of commodities, including laboratory tests for HIV, injection safety equipment, and waste management.	Evaluate and document the innovative approaches implemented during FY13 (Mentor Mothers, QA/QI activities, and performance-based financing model). Approaches include the integrated model and the Option B+ piloting.
Distribute and promote use of male and female condoms and lubricants among key populations, youth, and the general population.	Organize mobile HTC targeted toward key populations and provide quality assurance for integrated HTC.	Provide coaching and mentoring on integration of prevention, care, support, and treatment for a continuum of response.

Sub-IR 1.1 *Communities' ability to develop and implement prevention strategies strengthened*	Sub-IR 1.2 *Community- and facility-based HTC services enhanced*	Sub-IR 1.3 *PMTCT services improved*
		Continue the ongoing comprehensive PMTCT activities.

Intermediate Result 2: Care, support, and treatment for people living with HIV/AIDS and orphans and vulnerable children improved in target areas

Sub-IR 2.1: Care and support for PLWHA strengthened

Activities and achievements

The care, support, and treatment component of the project aims to promote quality of life for HIV-positive pregnant and nursing women, their partners, their children, most-at-risk populations (MARPs), young people at risk, and patients identified through testing through the provision of heath facility-focused and high-quality clinical services.

The activities detailed below represent PEPFAR guidance on the key elements of a strong care, support, and treatment program:

- Early identification of HIV-infected persons, linkage, and retention in care.
- Reduction in HIV-related morbidity and mortality.
- Improved quality of life.

In Q1, care and support activities continued to be offered within clinical settings as well as in the community. Care and support services were offered in 104 clinical health settings with the collaboration of 14 grantees. Self-help groups form a central pillar of support to ensure that PLWHA are retained in care services and that links are made with and between additional clinical and community-based services.

Activity 1: Improve early identification of HIV-positive women among pregnant women, their male partners and children, key populations (MARPs), PITC clients, and at-risk youth, as well as linkages to and retention in care

In this quarter, the PMTCT and care and support teams collaborated to ensure that the effective identification of HIV-positive pregnant women continued. Regular accompaniment by service providers to the health facilities allowed for greater focus on the wider entry points of pregnant women into the care and treatment platform; these opportunities included male partners, TB patients, malnourished children, and people with STIs.

Referral and counter-referral to and between services has been greatly aided by the strong links between the PLWHA self-help groups based in the hospitals and those at the community level. The Mentor Mother approach continues to improve retention in the continuum of care of women and children. In particular, the home-based visits to those newly diagnosed as positive show a benefit in ensuring that these clients are accessing the appropriate care services.

The implementation of the quality assurance teams has contributed to an improvement in the services offered to PLWHA.

Activity 2: Reduce the morbidity and mortality of PLWHA and their families through clinic-based care and support and community interventions

Provision of cotrimoxazole: There has been an improvement in the accessibility and availability of cotrimoxazole prophylaxis to all PLWHA supported by ProVIC. Cotrimoxazole stocks have been positioned in the health centers (Centre de Santé, or CS), where service providers are responsible for their management. Monitoring of cotrimoxazole uptake will be measured through the ProVIC-designed distribution template, which will be managed by each focal point and signed by the beneficiary.

According to the incomplete data collected, 56% of PLWHA benefited from cotrimoxazole prophylaxis in Q1.

TB screening, diagnosis, and referral for treatment: A concerted effort was made in Q1 to systematize monthly TB screening at the health facility for all PLWHA. In the health facility supported by ProVIC and at the community level, a TB screening tool is used to encourage active screening and referral for testing and treatment of PLWHA displaying TB symptoms.

Awarding participation certificates at TB/HIV co-infection training.

In order to reinforce the implementation of TB screening and the early treatment of TB, 40 community workers from the Champion Community in Kikimi, Kinshasa were trained in October 2013 on TB/HIV co-infection with the support of PATH TB 2015. These community workers were trained on community awareness-raising for TB prevention, screening, referral for diagnosis and treatment, and home-based care and follow-up.

Nutritional counseling through health system services: In Q1, contact was maintained with the Food and Nutrition Technical Assistance III Project (FANTA) team to ensure the effective implementation of activities linked to the NACS approach in health facilities.

FANTA has targeted two health facilities supported by ProVIC as pilot sites: CSRs Kikimi and Mbakana. As prerequisites for the introduction of NACS, training modules have been validated under the lead of Programme National Intégré d'Alimentation et de Nutrition. In November, eight clinical health service providers were trained on the NACS approach.

Vaccination of children of HIV-positive mothers: Regular field visits and work with the self-help groups continued in Q1 to emphasise the importance of child vaccination.

Activity 3: Improve the quality of life of PLWHA

Expansion of the Mentor Mother approach to improve the retention and adherence of mother-baby pairs to PMTCT. In order to improve the retention in care and to increase treatment adherence, the Mentor Mother approach has been extended to additional sites.

In Q1, the Mentor Mother approach was integrated into 11 ProVIC health centers in Kinshasa, Katanga, and Kisangani. In all, 26 Mentor Mothers were trained and attached to the different targeted health centers. Regular visits to the health centers confirmed that to date, 18 PMTCT self-help groups have been integrated into the health centers: five in Kisangani, nine in Katanga, and four in Kinshasa.

Follow-up of the Mentor Mothers allows for identification of challenges and successes. For example, Mentor Mothers in two different health centers in Kisangani shared that they encounter these types of issues:

- Nondisclosure of HIV-positive status to male partners due to fear of stigma, which results in low testing of male partners.
- Inconsistent participation in self-help groups due to fear of stigma (being "seen" as HIV-positive).
- Difficulties in conducting effective home-based visits as some women have given false addresses.

Self-help group facilitation role play led by a Mentor Mother.

Mentor Mothers trained in Kisangani by the ProVIC team.

A Mentor Mother in CS St. Camille in Kisangani providing information to a male partner.

Dissemination of counseling cards on positive health, dignity, and prevention: Work in Q1 under this activity focused on pre-testing the care and support cards as well as the analysis of data collected. With the support of C-Change and the active participation of PNLS in the process, the cards have been finalized and delivered to PNLS for distribution and use.

Economic strengthening activities: Economic support essentially has been focused on the orientation of PLWHA groups to the VSLA (voluntary savings and loan association) approach. To date, 13 savings groups are operational (four in Kinshasa, four in Bas-Congo, two in Katanga, and three in Kisangani).

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
There have been improvements in cotrimoxazole accessibility and availability, but improvements still need to be made in stock management across the different health facilities.	Ensure that cotrimoxazole distribution lists are available and that stock management sheets are available at health centers to ensure effective tracing of stocks.
TB screening is not happening for all PLWHA.	Care and support staff need to ensure that TB screening sheets are available in the clinics and are included in the case notes of clients. Additionally, ensure that service providers know how to complete the form correctly. A check of the screening sheets should be done during routine follow-up visits.

Sub-IR 2.2: Care and support for OVC strengthened

During this quarter, ProVIC focused on two major areas: access to education and strengthening of OVC resilience. It is recognized that education can contribute to significant improvements in the lives of OVC and their families and helps to reduce vulnerability, while C2C clubs are an effective way to maintain contact with OVC to provide them with the social, health, and psychosocial support they need.

According to the incomplete data received by five of ProVIC's 11 nongovernmental organization (NGO) partners, 2,600 OVC received at least one care service, 115 benefited from at least one clinical service, 1,582 accessed educational services, 1,007 benefited from psychosocial support, and 69 received medical referrals.

Activities and achievements

Activity 1: Support families of eligible OVC to improve the overall health of OVC

In the community, NGO partners have developed activities articulated around psychosocial support through regular home visits conducted by social workers or community workers, organizing monthly meetings of C2C clubs, holding educational talks, and providing information on the VSLA approach. During these contacts with families and OVC, advice on health and psychosocial well-being are provided to enhance the knowledge and skills of tutors and OVC for self-care.

At the facility level, ProVIC has strengthened the capacity of Mentor Mothers involved in the self-help groups. Pregnant and lactating women, members of 22 self-help groups led by Mentor Mothers, benefited from advice on essential maternal and child health, family planning, referral and counter-referral services, and child development. These strategies and interventions are contributing to an increase in the overall health of OVC.

In Q1, ProVIC focused on developing thematic guidance for facilitators for the 186 C2C clubs in order to strengthen knowledge and skills of OVC, taking into account their age and gender. The facilitators discussed various topics related to the needs of OVC and their well-being during the monthly meetings. For those aged 14-17, and for HIV-positive OVC, the thematic guidance also included information on positive prevention, condom use, and STI diagnosis and treatment.

Activity 2: Provide prevention services and support to eligible HIV-positive and HIV-negative OVC

Progress in this activity is linked to and has been reported under Activities 2 and 3 of Sub-IR 2.1 and Activity 3 of Sub-IR 1.3.

Activity 3: Provide clinical services to HIV-positive OVC

ProVIC has been focusing on providing a targeted minimum package of clinical and community services for HIV-positive and HIV-negative OVC. While similar to the services provided for adults, elements of this intervention have been developed to specifically address the needs of children. Services provided in Q1 include the provision of cotrimoxazole, addressing TB/HIV co-infection, addressing nutritional issues, child immunization, CD4 count and biological monitoring, the minimum package of positive prevention, and prenatal and infant consultations. Service providers and Mentor Mothers are trained for this purpose to ensure these elements are included in initial and follow-up field visits.

Activity 4: Improve the nutritional status of OVC

ProVIC has been working closely with FANTA to develop the NACS approach in some pilot sites (see Sub-IR 2.1, Activity 3). Work in the pilot sites has continued, taking into account the need for nutritional support for eligible OVC and the opportunities to provide nutritional advice in the self-help groups and C2C clubs.

Activity 5: Support OVC completion of primary school and emphasize support for female OVC to access secondary school

Through the partnership with Caritas Congo, during Q1, ProVIC provided educational support to 3,987 OVC at the primary and secondary levels in 160 contractual schools and 112 non-contractual schools. Through this first tranche of funding, of the 3,625 OVC enrolled in contract schools, 362 were enrolled through the involvement of heads of Primary, Secondary and Vocational Education (EPSP) divisions by recommendation. A total of 3,621 OVC received school kits. Several activities were carried out jointly between ProVIC, EPSP, and Caritas to achieve these intermediate results, including:

- Holding preparatory meetings between ProVIC, Caritas Congo, and NGO partners.
- Transmission of OVC lists by NGO partners and the US Centers for Disease Control and Prevention and US Department of Defense implementing partners to Caritas Congo.
- Mapping of schools based on the lists of OVC identified and selected.

- Briefing of provincial division heads of the EPSP, Division of Social Affairs heads, principals, school prefects, and teachers.
- Negotiation with schools and signing of the agreements.
- Induction for OVC on entry into the educational environment.
- Distribution of school kits.
- Grant support to schools.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Insufficient ownership by EPSP of the subgrant to schools approach developed by Caritas Congo.	Organize results-sharing workshops between ProVIC, Caritas Congo, EPSP, and Division des Affaires Sociales to increase understanding and ownership.
Delays in updating the OVC databases held by NGO partners, leading to the development of lists with incorrect names or OVC who have fallen out of the system.	Provide closer mentoring of NGO partners to update the relevant databases and follow up to ensure it is done.

Sub-IR 2.3: HIV treatment improved in target areas

During this first quarter, ProVIC continued its efforts to reorient key aspects of its work based on the Strategic Pivot, which is centered on the continuum of prevention, care, and treatment services for adults and infants.

ProVIC focused on ART for PLWHA according to national guidance, which is aligned with WHO recommendations. ProVIC had 98 health facilities offering Option A and six piloting Option B+, taking into account different entry points (e.g., PMTCT, TB, STI, and malnourished patients, and key populations, etc.). Pediatric care and treatment was done in collaboration with Global Fund to Fight AIDS, Tuberculosis and Malaria support in the 27 ProVIC hubs.

ProVIC worked to reinforce the linkages between various support services for HIV-positive patients in facilities according to the continuum of prevention, care, and treatment. All PLWHA identified in all entry points received high-quality treatment comprising CD4 count, screening and treatment of opportunistic infections, *ad vitam* ART for eligible clients (adults and children), biological follow-up, and management of side effects.

The PMTCT/ART and care/support teams worked closely in order to make sure that other essential interventions of the continuum of care are being offered and used. These interventions include cotrimoxazole prophylaxis, screening and management of STIs, screening and referral for TB diagnosis and treatment, follow-up of adherence, coverage of hospital fees for qualifying patients, and referral to community-based care services (particularly support groups, Mentor Mothers, and support for adolescents and children).

ProVIC collaborated closely with the Global Fund and the Clinton Health Access Initiative for child treatment, as pediatric ARVs are not yet a component of the project.

Activity 1: Complete pre-ART laboratory analysis and biological follow-up for PLWHA in ProVIC-supported sites

- **CD4 count:**
  - Initial CD4 count has been completed at 98 sites for all HIV-positive clients five years of age and older. Patient blood samples have been drawn at their local facility and the samples transported to a central site with PIMA™ CD4 Analysers for testing.
  - Blood samples for HIV-positive children between two and five years of age were sent to centrals sites to perform CD4 testing in order to decide the initiation of ARVs in accordance with national recommendations.
  - ProVIC, as indicated by the peer-to-peer model, funded transport of samples from peripheral to central sites.
  - HIV-positive children less than two years of age and other HIV-positive persons tested in the six Lubumbashi sites where Option B+ is implemented were initiated on ART according to the national guidelines.
- **Other recommended testing:**
  - During this quarter, ProVIC collaborated with PNLS to determine the transport mechanisms for samples and results of blood tests, liver function tests (SGOT, SGPT), and creatine, urea, glycaemia, hepatitis B (Ag HBS), and protein screening. The laboratory tests performed prior to treatment initiation and follow-up, such as hemoglobin, hepatic, and kidney tests, were poorly reported during this quarter, as the current tool lacks this information. Technical staff are currently working with providers to roll out activities as planned under the FOGs.
  - PLWHA who were screened TB positive were referred for pulmonary x-ray or abdominal echography and suspected cases for Ziehl-Neelsen.

Activity 2: Ensure that data collection tools are available in sites

ProVIC participated actively in collaboration with the other implementing partners and under the leadership of PNLS in order to update national tools and make sure that these tools contain PEPFAR indicators and are available in sites.

ProVIC funded a two-day meeting with stakeholders in order to share their inputs and discuss the tools to be used in sites, and to follow up with printing and distribution after coaching providers on how to use them.

ProVIC contributed to the printing and dissemination of these tools to the health facilities.

Activity 3: Ensure ART for PLWHA, both adults and children

Table 8. Partial data for Sub-IR 2.3.

	Bas-Congo	Katanga	Kinshasa	Province Orientale	Total
T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART	2	58	16	71	147
T1.2.D Number of adults and children with advanced HIV infection currently receiving ART	5	81	21	100	207

This analysis is, as previously mentioned, based on limited data. After performing clinical staging and CD4 count, 147 eligible PLWHA were identified and initiated on first-line treatment (AZT+3TC+NVP[1]) in the health centers using Option A. One major side effect was reported this first quarter: severe anemia was noted for one pregnant woman in Bas-Congo who was receiving the zidovudine prophylaxis. She stopped and started HAART with TDF+3TC+NVP.[1]

A total of 58 PLWHA identified in the Option B+ sites received HAART as recommended.

Activity 4: Ensure initial clinical mentoring and follow-up of clients on ART

The success of the treatment program required the coordination of several factors and several services. ProVIC reinforced the capacity of its staff and site supervisors and set up quality improvement teams, expanding the approach to community members. ProVIC began by building the capacity of seven technicians in charge of PMTCT/ART. The technicians then led an Option B+ mentorship session with 30 providers in Lubumbashi's Kampemba Health Zone. Supervisory visits were conducted in all provinces to strengthen the capacity of all providers on PMTCT activities. The ProVIC teams also conducted coaching for the providers piloting Option B+, building their capacity on the mentoring and follow-up of ART clients.

Option B+ mentorship session for providers in Lubumbashi's Kamemba Health Zone.

Activity 5: Transition ProVIC-supported services and beneficiaries to other PEPFAR projects or Global Fund partners

The first quarter focused on the progressive closeout for the province of Bas-Congo. Several working sessions were conducted in the province, which included ProVIC, government, and Global Fund actors. They used the sessions to develop the transition plan for beneficiaries after the cessation of ProVIC support. We noted the presence of the Global Fund in all Health Zones supported by ProVIC, which can facilitate the transfer of patients within the same area of the Health Zone. Discussions will continue until the closing of Bas-Congo activities in March 2014, along with all other provinces that will stop activities in March 2014.

[1] AZT+3TC+NVP: zidovudine, lamivudine, and nevirapine. TDF+3TC+NVP: tenofovir, lamivudine, and nevirapine.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Prior initiation and follow-up of laboratory tests: CD4 testing is done for most PLWHA, but other tests, including liver function tests and renal tests, are not performed routinely and yet they are highly recommended.	Technicians should work closely with provincial grant managers and orient providers to use the funds provided specifically for these activities as planned in the collaborative agreement or FOG. All structures/grantees supported by ProVIC have line items included in their budgets for kidney and liver function tests and chest radiography for suspected cases of TB.
Retention and adherence for PLWHA on lifelong ART: ART initiation is easy but adherence and retention remain challenging.	- Reinforce the integrated model to strengthen the linkages between clinic and community activities. - Strengthen the support of Mentors Mothers and other community volunteers to search for clients lost to follow-up. - Strengthen providers' knowledge and ability to provide adherence counseling using different counseling methods.
Providers lack the capacity to offer high-quality pediatric treatment. Providers are able to establish diagnosis, but some do not have experience in pediatric ARV initiation and are therefore afraid to do so. Instead, they refer or delay the onset of HAART therapy in children.	Reinforce the mentorship sessions for providers so that infants identified as exposed are initiated correctly on ART.

Activities planned for the next quarter for Intermediate Result 2

Sub-IR 2.1 *Care and support for PLWHA strengthened*	**Sub-IR 2.2** *Care and support for OVC strengthened*	**Sub-IR 2.3** *HIV treatment improved in target areas*
Organize formative supervision to help caregivers to provide clinical services and ensure quality in the standards. Include social workers and the Mother Mentors.	Organize formative supervision to help providers and social assistants/ community workers to operationalize the medical referral systems for OVC.	Provide CD4 count and other laboratory analysis if needed for PLWHA identified.
Supervise the activities of NACS at the level of CS Mbakana and Kikimi.	Monitor the implementation of care and support activities for OVC, including follow-up on the contract with Caritas.	Provide HAART for eligible PLWHA.
Participate in the validation meeting for the PMTCT image boxes and care and support cards.	Continue work on the transition plan for OVC to ensure the continuity of services by the end of the project.	Reinforce the mentoring for providers in pediatric treatment.

Intermediate Result 3: Strengthening of health systems supported

Sub-IR 3.1: Capacity of provincial government health systems supported

Activities and achievements

Activity 1: Strengthen the referral and counter-referral systems

During Q1, Health Zones were supported to monitor the referral system as a key strategy to ensure the continuity of services for clients. ProVIC has provided financial support through the collaborative agreement with each Health Zone in order to ensure effective supervision and to monitor the effectiveness of the referral system.

ProVIC staff have been involved in follow-up and provision of referral tools with the objective of ensuring that the management team in each Health Zone is committed to ensuring the continuity of services to clients.

Activity 2: Support the government's supervisory role at all levels

A joint supervision visit was conducted in Katanga in Q1 with the provincial government programs (PNLS, PNSR). The health system strengthening team visited the Kampemba Health Zone and focused on these specific objectives:

- Implementation of the national GBV and HIV/AIDS protocols.
- Rollout of SGBV prevention activities and case management.
- Integration of TB/HIV co-infection management tools.
- Support for better use of data collection tools.
- Biomedical waste management in the facilities.
- Use of the screening algorithm for HIV testing.
- Drug management in the facilities.

Activity 3: Support functioning mechanisms in Health Zones

ProVIC staff conducted field visits in Q1 in each province with selected Health Zone management teams to supervise the delivery of services for selected facilities, as well as participating in monitoring meetings at the Health Zone level. From these visits, observations and recommendations were made to the Health Zones to improve the quality of service delivery for clients. The supervision visits were conducted in both ProVIC- and non-ProVIC facilities.

In this quarter, ProVIC continued to align its interventions to better support the Health Zones. ProVIC's work plan activities are now integrated into the Health Zone operational plans, and key stakeholders in the Health Zones have been identified to lead the ongoing change to contribute to improving the quality of services. Each province conducted a quick needs assessment, allowing ProVIC to address any gaps in the supported Health Zones.

Activity 4: Reproduce and disseminate tools, manuals, and policy documents associated with ProVIC's interventions

PMTCT messaging toolkits (community and health facility toolkit, treatment and care and support counseling cards) were reproduced and tested in two Health Zones in Kinshasa. ProVIC staff, C-Change, and government partners worked together to test the pictures and

messages included in the toolkit in a rural setting (Maluku 2) and an urban setting (Kisangani). These toolkits are an important contribution from ProVIC, C-Change, and USAID to the national PMTCT response, which lacked updated support tools for awareness and behavior change messages. Validated toolkits are being finalized and shared with PNLS for broader use by any partner intervening in PMTCT work.

Activity 5: Support leadership-building activities within project interventions

No government meetings were supported in this quarter. However, ProVIC staff participated in the MNCH Task Force meeting to present the Mentor Mother strategy as a good practice to be included in the minimum package of activities at the Health Zone level.

Activity 6: Support commodity management in Health Zones

In Kisangani, new ProVIC-supported sites were opened in Bunia. Following service provider training and commodity provision in previous quarters, in November 2013, a supervision visit was organized by the provincial government (PNLS) and the ProVIC team to support service providers to better manage ARVs and other HIV/AIDS commodities. Gaps were identified in each health facility, and recommendations were made for each of them in order to improve HIV/AIDS commodity management. As this is the first full quarter for the new Bunia partners and ProVIC staff, bumps in the road were encountered as expected. Most specifically, data coming from the Bunia sites were found to have errors. Corrective action and supportive supervision will be implemented to ensure they improve data collection practices and quality. However, since this was not completed for the Bunia sites by the time of the Q1 reporting deadline, Bunia data are not included in this report

Activity 7: Provide support to PNLS to elaborate and validate PITC tools

During this quarter, ProVIC provided financial and technical assistance to PNLS to validate an integrated data collection tool, which also includes PITC data.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Insufficience of data collection tools in all sites, particularly treatment data collection and reporting tools.	Treatment tools were identified and distributed to health facilities.
Ensuring effective delivery of activities and implementation at the Health Zone level.	Provide regular follow-up and coaching, and work together with the Health Zone team.

Sub-IR 3.2: Capacity of NGO partners improved

Activities and achievements

Activity 1: Strengthen the organizational capacity of partner NGOs

ProVIC's 11 remaining NGOs have been encouraged to continue their organizational strengthening using the tools and techniques provided by ProVIC in previous years, but ProVIC staff no longer invest significant time in this activity, as it is no longer a USAID priority.

Field visits to support organizational development were conducted in Kinshasa. The use of manuals was still highly recommended and encouraged in order to increase organizational performance.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Although ProVIC's NGOs have improved capacity over time, there remain significant challenges and they remain fragile. High NGO staff turnover is a particular problem beyond ProVIC's control.	Ensure that conversations with grantees continue to refer to their improved adherence to their administrative procedures manuals in the remaining three months of ProVIC support to NGOs.

Sub-IR 3.3: Strategic information systems at the community and facility levels strengthened

Activities and achievements

Activity 1: Strengthen ProVIC's M&E system through ongoing coordination with other technical areas

ProVIC's M&E team members coordinated efforts for both site visits and data collection with various technical area specialists throughout Q1. For example:

- The National/Provincial Technical Coordinator and M&E Specialist conducted joint site visits as well as joint monitoring missions, particularly in the new ProVIC sites.
- In Province Orientale, the Regional M&E and PMTCT Specialists conducted joint visits in the new ProVIC sites in Kisangani and Bunia.
- The Regional M&E Specialist conducted data collection visits, particularly in new ProVIC sites.

Activity 2: Provide M&E technical assistance to Programme Nationale Multi-Sectorielle de Lutte contre le SIDA (PNMLS) and PNLS at the national and provincial levels

ProVIC and other PEPFAR implementing partners (e.g., ICAP, FHI 360) provided technical and financial support to PNLS during the process of validation of the reporting tools. The National M&E Specialist and Kinshasa PMTCT Specialist participated in the three-day work shop held November 21–23, 2013 at PNLS.

In Province Orientale, the Regional Coordinator and Regional M&E Specialist provided support to PNMLS for 2013 World AIDS Day. The Regional M&E Specialist in Bas-Congo was involved in the same activity by supporting sensitization and HTC activities. The Regional M&E Specialist provided technical support and feedback to the World Bank-supported Pro-Routes Project (High-Priority Roads Reopening and Maintenance Project) in mapping of HIV activities and partners.

Activity 3: Improve local implementing partners' capacity to conduct quality improvement and provide high-quality services

In Province Orientale, National PMTCT and Care and Support Specialists and Regional PMTCT and M&E Specialists evaluated QA/QI teams in the four ProVIC sites that implemented the QA/QI approach in Kisangani. CS Mokili, coached by the Regional M&E Specialist, showed spectacular improvement in quality of services.

Activity 4: Provide ongoing datacard technical support to local implementing partners to improve M&E reporting

Health facilities in Kinshasa and under Caritas were trained in the use of datacards for the ProVIC online database. A total of 24 participants attended the four-day workshop in December 2013. As a result, all ProVIC implementing partners are now reporting on datacards, although due to the growing complexity of the datacards, there are significant improvements to be supported for new partners. This contributed to delays in reporting in this quarter, as some large Kinshasa partners transitioned from paper reporting to electronic reporting via the datacards.

During this quarter, ProVIC's M&E Specialists (Bas-Congo, Katanga, Kinshasa, and Province Orientale) focused on coaching ProVIC NGO and health facility partners in their respective provinces in the proper use of datacards.

Activity 5: Reinforce implementing partners' M&E capacity through regular monitoring, routine data quality assessment, and internal audits

In Province Orientale, the Regional M&E Specialist used the routine data quality assurance tool with CS Muungano, St. Camille, and Mokili.

Challenges during the reporting period and proposed solutions

Challenges	Proposed solutions
Delay in the transmission of reports (datacards) from partners (in particular, new health facilities).	- Hire a consultant to follow up with grantees. - Involve technical staff in reporting and data collection processes.
Lack of funding for data quality assurance in Province Orientale.	Postpone activities until Q2.
Reporting of activities regarding educational support of OVC with the change in granting strategy.	- Complementary reporting between the former grantees of this activity and Caritas, with close ProVIC follow-up during the reporting exercise. - Train Caritas staff to use datacards.

Activities planned for the next quarter for Intermediate Result 3

Sub-IR 3.1 *Capacity of provincial government health systems supported*	**Sub-IR 3.2** *Capacity of NGO partners improved*	**Sub-IR 3.3** *Strategic information systems at the community and facility levels strengthened*
Coach health providers on how to use commodity tracking tools to monitor stocks.	Conduct field visits to support NGO organizational development (Kinshasa).	Strengthen ProVIC's M&E system through ongoing coordination with other technical areas.

Sub-IR 3.1 *Capacity of provincial government health systems supported*	**Sub-IR 3.2** *Capacity of NGO partners improved*	**Sub-IR 3.3** *Strategic information systems at the community and facility levels strengthened*
Disseminate PITC in ProVIC intervention sites. Support quarterly joint monitoring and supervision visits with government partners at the provincial level (Kinshasa).		Provide M&E technical assistance to PNMLS and PNLS at the national and provincial levels.
		Reinforce implementing partners' M&E capacity through regular monitoring, routine data quality assessment, and internal audits.

QUARTER 1 PROGRAM MANAGEMENT UPDATE

As described above, the challenges associated with obtaining USAID approvals and finalizing the high volume of contracts during the period contributed significantly to the delays in reporting from grantees and health facility partners.

ProVIC began the downsizing of the Matadi office in December 2013 as part of an effort to remain cost effective with USAID funds following the USAID decision to stop community-level activities in Bas-Congo. As the numbers of local partners and project activities were reduced significantly, it was deemed not cost effective to retain the same staffing pattern as other provincial offices, which have larger numbers of partners, including community-level partners. Although the Matadi office is being downsized, it remains open until April 2014 as with the other provincial offices.

ProVIC is preparing to cease all programmatic activities (clinical and community levels) in March 2014, as the project will end in June 2014. Administrative and financial closeout activities will take place in the final three months of ProVIC, from April 1 through June 30, 2014.

QUARTER 1 ENVIRONMENTAL MONITORING AND MITIGATION ACTIVITIES

Throughout Q1 of Year 5, ProVIC continued to provide quality assurance and required materials, equipment, and assistance to support comprehensive biomedical waste management in all supported sites. ProVIC and its partners conducted periodic checks of the project's adherence to the Environmental Mitigation and Monitoring Plan (EMMP) during integrated supervision visits to each site. During these visits, project staff used a checklist to monitor and verify the quality of all activities. This checklist includes a specific section for tracking environmental mitigation and monitoring activities in line with USAID's health care waste management guidelines and national norms. Through supervision visits, ProVIC has ensured that service providers in supported sites follow the EMMP and respect mutually agreed-upon divisions of roles and responsibilities. ProVIC staff conduct regular supervision visits to each site.

Each site received at least two supervision visits from ProVIC technical staff in Q1, covering biomedical waste management, with the exception of Kamina. Kamina is a new site that is a two-day trip outside of Lubumbashi. In order to give site staff time to put strong procedures and systems in place, as well as minimize travel costs, ProVIC was able to conduct only one supervision visit to Kamina in Q1. The project also organizes supervision visits conducted by Health Zone staff as well as PNLS. Each site receives one Health Zone supervision visit per month and one PNLS supervision visit per quarter.

In Kinshasa, Katanga, Bas-Congo, and Province Orientale, ProVIC continued to supply biomedical waste management supplies to ensure proper handling, sorting, collection, transportation, and disposal of biomedical waste. All sites received a biomedical waste management kit containing a minimum supply of the following consumable and reusable waste management materials:

Single-use needles and tubes	Rubber boots	Brooms and brushes
Latex gloves	Rubbing alcohol	Mops

Trash cans	Bleach	Shovels
Sharps disposal containers	Trash bags	Detergents
Rubber gloves	Dustpans	Wheelbarrows
Rubber aprons	Hoes	Masks

During site supervision visits in Q1, ProVIC staff assessed that there was an overall improvement in the management of biomedical waste across the production, incineration, and disposal stages, as well as in the availability of supplies. ProVIC will continue promoting the importance of biomedical waste management by involving site managers in establishing committees for biomedical waste management in Q2.